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Attorney's Docket No. ARC 2863N1

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Gupta, Suneel K. ; Sathyan, Gayatri; and Samuel, Saks R.

Application No.: 09/801,443  
Filed: 03/07/2001  
For: OXYBUTYNIN THERAPY

Group No.: 1615  
Examiner: TRAN, S.

**RESPONSE UNDER  
37 C.F.R. section 1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP**

**CERTIFICATION UNDER 37 C.F.R. sections 1.8(a) and 1.10\***  
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**37 C.F.R. section 1.8(a)**

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**AMENDMENT OR RESPONSE AFTER FINAL REJECTION--TRANSMITTAL**

1. Transmitted herewith is an amendment after final rejection (37 C.F.R. 1.116) for this application.

**STATUS**

2. Applicant is other than a small entity.

**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

**FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Addit. Fee
Total	14	Minus	20	= 0	x \$18 = \$0
Indep.	3	Minus	3	= 0	x \$80 = \$0
First Presentation of Multiple Dependent Claim					+ \$270 = \$0
Total					Addit. Fee \$0

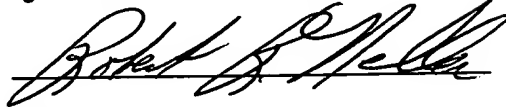
- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,  
\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".  
\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".  
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

**No additional fee for claims is required.**

## FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 01-1173.  
If any additional fee for claims is required, charge Account No. 01-1173.

Date: August 29, 2002



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